

# **Montana Department of Commerce Big Sky Economic Development Trust Fund**

**Grant Administration Workshop  
May 2011**



# Big Sky Economic Development Trust Fund

- **Department of Commerce Awards Funding**
  - **Award Letter**
  - **Start-Up Conditions Letter**
  - **Grant Contract Management**

# Big Sky Economic Development Trust Fund

## Award Letter

- Important Award Terms
  - Example: Our Grant Review Committee met recently, and has tentatively approved the award of up to **\$500,000** in BSTF funding to be used as follows:
  - Up to **\$475,000 to assist ABC Company with the purchase of equipment.** ABC Company agrees to create **100** net new jobs after **May 1, 2011** that pay at least **\$15.50 per hour** before the value of benefits is added; and
  - Up to **\$25,000 for eligible administrative expenses.**

# Big Sky Economic Development Trust Fund

## Start-Up Conditions Letter

- Signed Contract between the Department and the L/T Government;
- Signed Budget Form (L/T Government)
- Signed Job Creation Report Certification (Assisted Business)
- Completed Job Creation Report with employment at the Assisted Business as of the award date and with the current employment levels (Assisted Business)
- Signed assistance agreement between the L/T Government and the ABC Company
- Optional - Signed sub-recipient agreement between the L/T Government and a Local Development Corporation (LDC) for project management
- Signed management plan
- Proof of worker's compensation coverage for L/T Government
- Proof of worker's compensation coverage for ABC Company
- Other Award Conditions - Example: Proof of final approval of other funding sources

# Big Sky Economic Development Trust Fund

## Grant Contract Management

- **Key Contract and Assistance Agreement Terms**
  - Total Amount of Award: \$500,000
  - Eligible Expenses:
    - Up to \$475,000 to assist ABC Company with the purchase of equipment.
    - Up to \$25,000 for eligible administrative expenses.
  - Matching Funds Requirement: \$1 for every \$2 or \$1 for \$1
  - Job Creation: ABC Company agrees to create 100 net new jobs after that pay at least \$15.50 per hour (no benefits value included)
  - Contract Start Date: Eligible Job Creation and Expenditures: On or after May 1, 2011

# Big Sky Economic Development Trust Fund

## Grant Contract Management

### **Completion of Key Contract and Assistance Agreement Terms**

Job Creation: ABC Company agrees to create 100 net new jobs that pay at least \$15.50 per hour; created on or after May 1, 2011

### **Job Creation Certification Form (Assisted Business)**

#### **Job Creation Form (Assisted Business)**

- Position Number
- Job Title
- Employee Name
- Employee Number
- Date of Hire
- Termination Date
- Hourly Wage at Time of Hire
- Current Hourly Wage
- Average Working Hours Per Week
- Average Weekly Wage

# Big Sky Economic Development Trust Fund

## Grant Contract Management

- **Completion of Key Contract Terms**

- Eligible Expenses: Reimbursement as Eligible Jobs are Created
  - Up to \$475,000 to assist ABC Company with the **purchase of equipment**.
  - Up to \$25,000 for eligible **administrative expenses**.
  - Matching Funds : The Assisted Business agrees to a total new investment at the Project Site, which is equal to or greater than \$1 for every \$1 of BSEDTF financial assistance received, within the Contract time period.
    - \* On or after Contract Start Date: May 1, 2011

### Process for Reimbursement of Equipment Purchases

- Cost Estimate
- Invoice
- Request For Payment Form
- Reimbursement Based on Match Requirement: \$1 for \$1 = 50%
- Documentation of Match Expenditure (Invoice, Check, etc.)

# Questions?

## Staff Contact Information:

Quinn Ness, Section Manager

Phone: (406) 841-2758      E-mail: [quness@mt.gov](mailto:quness@mt.gov)

Alyssa Townsend-Hudders, Program Specialist

Phone: (406) 841-2748      E-mail: [ATH@mt.gov](mailto:ATH@mt.gov)



# Primary Sector Workforce Training Grant (WTG) Program

## Administering the Grant



Once you've been awarded a Workforce Training Grant, this webinar will cover what you need to submit to receive funds

# Process After Award



- Notice of Award Mailed to Company
- Contract drafted and sent for company signatures  
Also requested:
  - W-9 Form
  - Insurance Certifications
    - Worker's Compensation Insurance
    - General Liability Insurance
- Contract is returned to Department for Director's Signature
- Release of Funds Granted

# Release of Funds



- Fully Executed Contract
- Signature Certification Form
- Direct Deposit Form
- Job Training Tracking Spreadsheet

# Job Training Spreadsheet



WTG Job Training Spreadsheet [Compatibility Mode] - Microsoft Excel

Home Insert Page Layout Formulas Data Review View Developer Add-Ins Acrobat

Clipboard Font Alignment Number Styles Cells Editing

A1 These spreadsheets were developed as a tool to help you, the grantee, and the Department keep track of grant dollars

Category:	Category Description:
Grantee/ Company Name:	The name of your company.
Total Grant Amount:	The total amount of grant rewarded to the grantee.
Total Grant Dollars Previously Drawn:	The grant dollars previously drawn by the grantee and awarded by the Department of Commerce. If this is the first draw request on this contract, previous draws will be zero.
Draw Request for the Period:	The time period in which training was provided and you are seeking a draw? This should not include previous training dates for which draws were already requested and reimbursed.
Employee Name:	All employees who have completed training and for which a draw has been requested must be included on each draw request. If you have submitted training costs previously for an employee, but have no training costs for such employee for <b>THIS</b> request, please include their name on this spreadsheet and list their current training costs as \$0.
Employee Title/ Position & Classification:	The position or title of the employee listed and employee categorization as Full-time or Part-time, Permanent or Temporary
Date of Hire:	Date the employee listed was hired.
Wage on Date of Hire:	The hourly wage, not including benefits, on the date of hire of the employee listed.
Current Wage:	The current hourly wage, not including benefits of the employee listed.
Benefits:	The dollar amount of benefits provided to the employee.
Terminated Date:	Date the employee listed was terminated, if applicable.
Wage at Termination:	The wage of the employee listed when he/ she was terminated, if applicable.
Training Received:	List the training the employee received during the current request for draw period. This should not include training the employee previously received for which a draw was previously requested.
Date(s) of Training:	The date(s) of training for the current draw period. Please do not include previous training dates in which a draw(s) were previously requested.
Training Cost:	Cost of training provided during the current draw period. Please don't include training costs for which a draw was previously submitted.

Category Definitions WTG Spreadsheet Employee Total Emp Total-Draw 1 Emp

- Offers template for necessary draw information

- Multiple Spreadsheets in workbook
  - Category Definitions
  - WTG Spreadsheet
  - Employee Total
  - Employee Total Draw 1
  - Employee Total Draw 2

# Job Training Spreadsheet

## Definitions



These spreadsheets were developed as a tool to help you, the grantee, and the Department keep track of grant dollars reimbursed, total grant dollars remaining on the contract, total grant dollars remaining per employee, and employment to verify net new employees. The first worksheet definitions are as follows:

Category:	Category Description:
Grantee/ Company Name:	The name of your company.
Total Grant Amount:	The total amount of grant rewarded to the grantee.
Total Grant Dollars Previously Drawn:	The grant dollars previously drawn by the grantee and awarded by the Department of Commerce. If this is the first draw request on this contract, previous draws will be zero.
Draw Request for the Period:	The time period in which training was provided and you are seeking a draw? This should not include previous training dates for which draws were already requested and reimbursed.
Employee Name:	All employees who have completed training and for which a draw has been requested must be included on each draw request. If you have submitted training costs previously for an employee, but have no training costs for such employee for <b>THIS</b> request, please include their name on this spreadsheet and list their current training costs as \$0.
Employee Title/ Position & Classification:	The position or title of the employee listed and employee categorization as Full-time or Part-time, Permanent or Temporary
Date of Hire:	Date the employee listed was hired.
Wage on Date of Hire:	The hourly wage, not including benefits, on the date of hire of the employee listed.
Current Wage:	The current hourly wage, not including benefits of the employee listed.
Benefits:	The dollar amount of benefits provided to the employee.
Terminated Date:	Date the employee listed was terminated, if applicable.
Wage at Termination:	The wage of the employee listed when he/ she was terminated, if applicable.
Training Received:	List the training the employee received during the current request for draw period. This should not include training the employee previously received for which a draw was previously requested.
Date(s) of Training:	The date(s) of training for the current draw period. Please do not include previous training dates in which a draw(s) were previously requested.
Training Cost:	Cost of training provided during the current draw period. Please don't include training costs for which a draw was previously submitted.
Total of Previous Training Costs/ Employee:	If this is the first draw request on the current contract, there will be no previous training costs per employee. If this is not the first draw request, this is the total training costs of the employee BEFORE the current draw being requested.
Total Training Costs to Date/ Employee:	The current training costs plus the training costs previously submitted (column J + Column K). If this is the first draw request on the contract, this total would be the same as the training cost total.
Training Balance/ Employee:	The balance of training dollars remaining per employee. If \$5000 was allowed for the employee and \$2000 of training costs have been incurred, \$3000 of grant dollars would be remaining for this employee. This will likely be \$5000 minus the total training costs to date, and is used to determine how many training dollars are remaining for each employee.
Total Training Costs requested for this draw:	This is the total amount of dollars requested for this time period for all employees. This does not include previous draw requests. This should be the total of "training costs" for all employees listed in the spreadsheet.
Total Amount Request to date:	The amount requested in the current training period plus the amounts requested in previous training periods. If this is the first draw request, the training costs to date will equal the training cost for this draw.
Total Grant Dollars Remaining on Contract:	The amount of grant dollars remaining on the contract. This is total amount of grant awarded minus all the training costs to date (current and previous training draws).
Amount of Matching Funds expended, to date:	Please list the match expenditures that the grantee has made to date.

The second worksheet is a list of all employees on the payroll on the effective date of the contract. The third and subsequent spreadsheets are for a complete list of all employees on the payroll on the last day of the draw request period. These worksheet definitions are as follows:

Category:	Category Description:
Employee Name:	ON THE FIRST WORKSHEET: Names of all employees employed with the company on the effective date of the contract. ON SUBSEQUENT WORKSHEETS, the names of all employees employed with the company on the first day of the contract plus any new hires made through the draw request period.
Classification	Employee categorization as Full-time or Part-time, Permanent or Temporary
Date of Hire:	Date the employee listed was hired.
Termination Date:	Date the employee listed was terminated, if applicable.

Progress report: Please provide a summary of the progress of the hiring and training plan and any other successes & accomplishments which have been made relating to the grant.

If you have any questions about this spreadsheet or need clarifications on how to complete it, please call Erin Thomas at (406) 841-2741.

# Job Training Spreadsheet



WTG Training Cost Request Spreadsheet

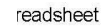
**Grantee/Company Name**  
Montana Department of Commerce Training Grant

**Draw Request for the period:**

Total Grant Award		Total Grant Dollars Previously Drawn						
<u>Employee Name</u>	<u>Employee Title/ Position &amp; Classification</u>	<u>Date of Hire (MM/DD/YY)</u>	<u>Wage on Date of Hire (without benefits)</u>	<u>Current Wage (without benefits)</u>	<u>Benefits</u>	<u>Terminated Date (if applicable) (MM/DD/YY)</u>	<u>Wage at Termination</u>	<u>Traini</u>
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
<b>Total Training costs requested for this draw:</b>			\$0.00					
<b>Total Amount Requested to date</b> (total of previous draws and current training costs)			\$0.00					
<b>Total Grant Dollars Remaining in contract:</b>			\$0.00					
<b>Amount of Matching Funds expended, to date:</b>								
<b>Please provide a progress report on the hiring and training plan, successes, accomplishments, and or any other perti</b>								

- Employee Name
- Employee Title, Position & Classification
- Date of Hire
- Wage on Hire Date
- Current Wage
- Benefits
- Terminated Date
- Wage at Termination

cont.



- [illegible]

Other pertinent information related to the grant.



## Totals



17													\$5,000.00
18													\$5,000.00
<b>Total Training costs requested for <u>this</u> draw:</b>				\$0.00									
<b><u>Total Amount Requested to date</u></b> (total of previous draws and current training costs)				\$0.00									
<b><u>Total Grant Dollars Remaining in contract:</u></b>				\$0.00									
<b>Amount of Matching Funds expended, to date:</b>													
<b>Please provide a progress report on the hiring and training plan, successes, accomplishments, and or any other pertinent information related to the grant.</b>													

- Total Training costs requested for this draw
- Total Amount Requested to date
- Total Grant Dollars Remaining
- Amount of Matching Funds expended to date

# Job Training Spreadsheet

## Employment Roster – Start of Contract



### EMPLOYMENT ROSTER At the Start of the Contract

**Grantee/Company Name**

Montana Department of Commerce Training Grant

**Contract Effective Date:**

Total # of Employees on the effective date of the contract:		
<u>Employee Name</u>	<u>Classification</u>	<u>Hire Date</u>
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		

# Job Training Spreadsheet

## Employment Roster - Draws



### EMPLOYMENT ROSTER At the End of the First Draw Request

**Grantee/Company Name**

Montana Department of Commerce Training Grant

**Draw Request Period End Date:**

Total # of Employees:			
<u>Employee Name</u>	<u>Classification</u>	<u>Hire Date</u>	<u>Termination Date</u>
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			

# Supporting Documentation



- Additional documentation to show training costs such as:
  - Invoices from training providers
  - Sign in sheets for classroom training
  - Copies of Completion of Training certificates
  - Receipts for supplies purchased, airline purchases, hotel stays, etc

# Review



- A letter on official letterhead signed by two individuals listed on the Signatory Form
- Information contained in the Job Training Tracking Spreadsheet

Name

Date of Hire

Job Title, Classification

Hourly Wage & Benefits

Training Completed

Training Dates & Costs

Remaining Training Balance

Employment Roster

- Supporting paperwork documenting training costs

# Questions?



## Staff Contact Information:

Nancy Guccione, Section Manager

Phone: (406) 841-2744      E-mail: [nguccione@mt.gov](mailto:nguccione@mt.gov)

Erin Thomas, Program Specialist

Phone: (406) 841-2741      E-mail: [ethomas@mt.gov](mailto:ethomas@mt.gov)

Kim Hayes, Program Specialist

Phone: (406) 841-2250      E-mail: [kimhayes@mt.gov](mailto:kimhayes@mt.gov)